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(Document Number)
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FILED

COVER LETTER

TO: Registration Se Division of Cor				
	ribe Company, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
Please return all correspo	indence concerning this matter	to the following:		
	Niurka Vera Person			
		Name of Person		
	Verason Caribe Company,	LLC		
		Firm/Company		
	2332 W Union St Apt A			
	,	Address		
	Tampa, FL 33607			
	NIUVERA71@GMAIL.CO	City/State and Zip Code	SECRETALLAHA	\neg
	E-mail address: (to be used for future annual report notific	ation)	
For further information c	oncerning this matter, please c	all:	3355	FILED
Katherin Quintero		786 312-6528	A FIG.	
Name o	f Person	Area Code Daytime T	B 20 A III 42	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. VERASON CARIBE COMPANY		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited I Florida document number L17000177207	Liability Company were filed on C	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of		ି କ ମ୍
		₩
Name of New Registered Agent:	Katherin Quintero	SSE 20
New Registered Office Address:	2332 W Union St Apt A	
	Enter F	lorida street address
	Tampa	Florida 33 🕏

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title .	<u>Name</u>	Address	Type of Action
VP	Katheri A Quintero	2332 W Union St Apt A.	
		Tampa, F1. 33607	
		2332 W Union St Apt A.	Change
P	Katherin Quintero	Tampa, FL 33607	
			☐ Remove
			Change
P	Niurka Vera Pinero	2332 W Union St Apt A.	
		Tampa, FL 33607	■ Remove
			Change
			Add
			Remove
			Change FEB 20 Ad
			FLORA II O Remove
			Change
			☐ Add
			Remove
			Change

_	tello, Please remove Katherin Quientro as the Vice President, and	<u> </u>
N	liurka Vera Pinero completely from the LLC.	
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	02/14/2018	RIOA
ffecti	ve date, if other than the date of filing:ective date is listed, the date must be specific and cannot be prior to date of f	(optional)
ote:	If the date inserted in this block does not meet the applicable statutent's effective date on the Department of State's records.	tory filing requirements, this date will not be listed a
	ord specifies a delayed effective date, but not an effe 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier o
	February 14th 2018	
ated _	·	
	Vidade	
	Signature of a member of authorized repre	esentative of a member

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Typed or printed name of signee

Filing Fee: \$25.00